



Texas Department of Public Safety
Regulatory Services Division

www.txdps.state.tx.us

- MUST USE MOST **CURRENT FORM**
- **KEY IN** INFORMATION OR **PRINT CLEARLY**
- MAKE SURE ENTIRE CIRCLE IS **FILLED**

EXAMPLE:

Yes ☒
No ☐

PRIVATE SECURITY

ONLINE ORIGINAL REGISTRATION APPLICATION SUPPLEMENT

APPLICANT INFORMATION			
<input type="radio"/> Driver License	DL/ID State:	DL/ID No.	
<input type="radio"/> ID Card			
<input type="radio"/> US Military ID			
Applicant Social Security Number - -		THE ABOVE SPACE IS RESERVED FOR OFFICE USE ONLY	
Company Name		Company License No.	
Online Trace Number (See Receipt Page)		Online Transaction Date (MM/DD/YYYY) / /	
Applicant Last Name		First Name	Middle Name
			Suffix (If Any)

SUPPLEMENTAL INFORMATION (REQUIRED WITH THIS APPLICATION)	
Regarding submitting Fingerprints: (CHECK ALL THAT APPLY)	
<input type="radio"/> I am submitting two (2) classifiable, Board approved fingerprint cards	<input type="radio"/> I am submitting \$25 FBI classification fee.
<input type="radio"/> I submitted fingerprints electronically and attached my signed IBT FAST receipt as proof with this application.	
<input type="radio"/> I am a Peace Officer (or Retired Peace Officer) alternatively submitting a PSB-49 (Peace Officer Fingerprint Waiver) form with this application, instead of FBI fingerprint cards.	

BACKGROUND INFORMATION (MUST BE COMPLETED BY APPLICANT)			
1. Have you ever been convicted, in any jurisdiction, of a felony level offense?	Yes <input type="radio"/> No <input type="radio"/>	* If yes , has it been LESS than ten (10) years since completing your sentence or probationary period?	Yes <input type="radio"/> No <input type="radio"/>
2. Have you ever been convicted, in any jurisdiction, of a Class A or equivalent misdemeanor?	Yes <input type="radio"/> No <input type="radio"/>	* If yes , has it been LESS than five (5) years since completing your sentence or probationary period?	Yes <input type="radio"/> No <input type="radio"/>
3. Have you, within the past 5 years, been convicted, in any jurisdiction, of a Class B misdemeanor or equivalent offense?			Yes <input type="radio"/> No <input type="radio"/>
4. Are you currently charged with, or under indictment for, a felony, or Class A misdemeanor?			Yes <input type="radio"/> No <input type="radio"/>
5. Are you currently charged with a Class B misdemeanor?			Yes <input type="radio"/> No <input type="radio"/>
6. Have you ever been found by a court to be incompetent by reason of mental defect?			Yes <input type="radio"/> No <input type="radio"/>
7. Were you discharged from the military?	Yes <input type="radio"/> No <input type="radio"/>	* If yes , have you received a dishonorable discharge, a bad conduct discharge, or an other than honorable discharge, from Armed Forces?	Yes <input type="radio"/> No <input type="radio"/>
8. Are you required to register as a sex offender, in the state of Texas or any other state?			Yes <input type="radio"/> No <input type="radio"/>
9. Federal law prohibits the Department from issuing a license to anyone who is ineligible to work in the U.S. Are you a non-citizen?	Yes <input type="radio"/> No <input type="radio"/>	* If yes , you must submit documentation of your federal employment authorization or a copy of your permanent resident card.	
10. I understand any pending charges or conviction referred to above require the submission of the appropriate court documentation, with this application. Failure to report an arrest or conviction, later found by a fingerprint search, may result in denial or revocation of a license based solely on the material misstatement of fact in this application.			Yes <input type="radio"/> No <input type="radio"/>
11. I acknowledge I have reviewed the eligibility criteria of Occupations Code §1702.113 and the definition of 'conviction' provided in §1702.371 and Administrative Rule §35.1. In addition I acknowledge that I have reviewed the disqualifying offenses listed in Administrative Rules 35.42 and 35.46.			Yes <input type="radio"/> No <input type="radio"/>

EMPLOYER INFORMATION (TO BE COMPLETED BY QUALIFIED MANAGER, MANAGER'S DESIGNEE OR OWNER)	
I hereby certify that the above applicant began employment in a position that requires registration with my company on:	Applicant's Date of Employment (MM/DD/YYYY) / /
I am requesting that the above applicant be issued a registration with my company as my employee.	
Manager, Manager's Designee or Owner Printed Last Name	Printed First Name

I verify that the information provided is true and correct, and I understand that this is an official Government record and that any false statement made on this document or any other supplement provided to the Department may result in criminal prosecution.

Applicant Signature _____ Date ____ / ____ / ____

Manager, Manager's Designee or Owner Signature _____ Date ____ / ____ / ____

This form and attachments can be forwarded by mail to:
Texas Department of Public Safety
Private Security MSC 0242
PO Box 15999
Austin, TX 78761-5999



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